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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/735,592-Conf. #2533
		Filing Date	December 11, 2003
		First Named Inventor	Arthur M. Krieg
		Examiner Name	Nita M. Minnifield
		Art Unit	1645
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	
		Attorney Docket No.	C1037.70038US01

METHOD OF PAYMENT (check all that apply)									
<input type="checkbox"/>	Check	<input checked="" type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input type="checkbox"/>	Deposit Account	Deposit Account Number: 23/2825			Deposit Account Name: Wolf, Greenfield & Sacks, P.C.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input type="checkbox"/>	Charge fee(s) indicated below			<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/>	Credit any overpayments				

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 52 26							
Each independent claim over 3 (including Reissues) _____ 220 110							
Multiple dependent claims _____ 390 195							
Total Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ Multiple Dependent Claims _____							
Fee (\$) _____ Fee Paid (\$) _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____							
Fee (\$) _____ Fee Paid (\$) _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____							
Fee (\$) _____ Fee Paid (\$) _____							
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00							

SUBMITTED BY					
Signature	/Helen C. Lockhart/		Registration No. (Attorney/Agent)	39,248	Telephone 617.646.8000
Name (Print/Type)	Helen C. Lockhart		Date	October 14, 2010	

Certificate of Electronic Filing Under 37 CFR 1.8					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).					
Dated: October 14, 2010		Signature: /Sarah E. Russe/ (Sarah E. Russe)			